## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

| appropriate. All further                                                                                                                                                                                                                                                                                                                                               | correspondence includired below or directed other                         | or the Patent advance.                                                                                                                                                                                                                                                                                                                             | orders and notification of<br>(a) specifying a new corr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | maintenance fees<br>espondence address                                                                         | will be<br>s; and/or | mailed to the current (b) indicating a separ | ould be completed where<br>correspondence address as<br>rate "FEE ADDRESS" for                                                                     |
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| CURRENT CORRESPONDE                                                                                                                                                                                                                                                                                                                                                    | Fe<br>pa                                                                  | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |                                              |                                                                                                                                                    |
| BAKER BOTT<br>2001 ROSS AVI<br>SUITE 600                                                                                                                                                                                                                                                                                                                               | I I<br>St<br>ad                                                           | Certificate of Mailing or Transmission  I hereby certify this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |                                              |                                                                                                                                                    |
| DALLAS, TX 75                                                                                                                                                                                                                                                                                                                                                          | Γ                                                                         | (Depositor's name)                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |                                              |                                                                                                                                                    |
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|                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |                                              | (Date)                                                                                                                                             |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                        | FILING DATE                                                               |                                                                                                                                                                                                                                                                                                                                                    | FIRST NAMED INVENTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | R                                                                                                              | АТТО                 | RNEY DOCKET NO.                              | CONFIRMATION NO.                                                                                                                                   |
| 09/850,384                                                                                                                                                                                                                                                                                                                                                             | 09/850,384 05/07/2001                                                     |                                                                                                                                                                                                                                                                                                                                                    | Thang C. Nguyen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | 062891.0563          |                                              | 2723                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                                                                                                                                                                                                                                                                                                                                    | CES IN A COMMUNICA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |                      | · · · · · · · · · · · · · · · · · · ·        | <b>1</b>                                                                                                                                           |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                            | SMALL ENTITY                                                              | ISSUE FEE DUE                                                                                                                                                                                                                                                                                                                                      | PUBLICATION FEE DU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | E PREV. PAID ISSU                                                                                              | JE FEE               | TOTAL FEE(S) DUE                             | DATE DUE                                                                                                                                           |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                         | NO                                                                        | \$1440                                                                                                                                                                                                                                                                                                                                             | \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$0                                                                                                            | \$0                  |                                              | 12/15/2008                                                                                                                                         |
| EXAMINER                                                                                                                                                                                                                                                                                                                                                               |                                                                           | ART UNIT                                                                                                                                                                                                                                                                                                                                           | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                      |                                              |                                                                                                                                                    |
| BATES, KEVIN T                                                                                                                                                                                                                                                                                                                                                         |                                                                           | 2153                                                                                                                                                                                                                                                                                                                                               | 709-227000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <del></del>                                                                                                    |                      |                                              |                                                                                                                                                    |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol> |                                                                           |                                                                                                                                                                                                                                                                                                                                                    | (1) the names of up<br>or agents OR, alterna<br>(2) the name of a sin<br>registered attorney o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | a single firm (having as a member a ey or agent) and the names of up to ent attorneys or agents. If no name is |                      |                                              |                                                                                                                                                    |
| PLEASE NOTE: Unl recordation as set forth (A) NAME OF ASSIC                                                                                                                                                                                                                                                                                                            | ess an assignee is identi<br>in 37 CFR 3.11. Comp<br>GNEE<br>hnology, Inc | THE PATENT (print or type)  data will appear on the patent. If an assignee is identified below, the document has been filed for our a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  San Jose, California                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |                                              |                                                                                                                                                    |
| Please check the appropri                                                                                                                                                                                                                                                                                                                                              | ate assignee category or                                                  | categories (will not be                                                                                                                                                                                                                                                                                                                            | printed on the patent):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Individual 🚨 (                                                                                                 | Corporat             | ion or other private gro                     | oup entity Government                                                                                                                              |
| 4a. The following fee(s) are submitted:  Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies                                                                                                                                                                                                                                    |                                                                           |                                                                                                                                                                                                                                                                                                                                                    | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-0384 (enclose an extra copy of this form).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                      |                                              |                                                                                                                                                    |
| 5. Change in Entity Stat                                                                                                                                                                                                                                                                                                                                               | tus (from status indicates<br>s SMALL ENTITY/statu                        |                                                                                                                                                                                                                                                                                                                                                    | ☐ b. Applicant is no le                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | onger claiming SMA                                                                                             | ALL EN               | TITY status See 37 C                         | FR 1 27(g)(2).                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |                                              | ne assignee or other party in                                                                                                                      |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                                                                                                           | 12                   | 2.110108                                     |                                                                                                                                                    |
| Typed or printed name Bradley P. Williams                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                                                                                                                                                                                                                                                                                                                    | Registration No. 40,227                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                |                      |                                              |                                                                                                                                                    |
| Alexandria, Virginia 223                                                                                                                                                                                                                                                                                                                                               | 13-1450.                                                                  |                                                                                                                                                                                                                                                                                                                                                    | ion is required to obtain of R 1.14. This collection is a ydepending upon the inche Chief Information Off COMPLETED FORMS respond to a collection of its R 1.14 to the collection of its R 1.1 |                                                                                                                |                      |                                              | d by the USPTO to process) in gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, I number. |